APPENDIX F

Contractor Forms

Work Plan Forms

ATF Form 5400.5, Report of Theft or Loss – Explosive Materials

Chemical Quality Control Report

Daily Operations Log

Daily Vehicle Inspection Form (for personnel & non-hazardous transport)

DD Form 1149, Requisition and Invoice / Shipping Document

DD Form 1348-1A, Issue Release / Receipt Document

DD Form 1662, DOD Property in the Custody of Contractors

Debris Inventory Log

Demolition Shot Log

Equipment Operational Check Log

Explosives Accountability Record (aka magazine data card)

Explosives Authorization Form

Explosives Consumption Certificate

Field Change Request Form

Government-Furnished Property (GFP) Tracking Log

Grid QC Summary Log

Grid Sweep Log

MEC Accountability Log

Non-Conformance Report

Quality Audit Checklist for UXO Sites

Quality Control Report

Quality Management System Checklist

Vehicle Inspection Form (for hazardous transport)

Field Sampling Plan Forms

Chemical Quality Control Report

Non-Conformance Report

Surface Soil Sampling Form

Site-Specific Health and Safety Plan Forms

Accident / Injury Investigation

ENG Form 3394, USACE Accident Investigation Report

Heat Stress Monitoring Log

Hepatitis B Vaccine Declination

Safety Inspection Checklist

Tailgate Safety Briefing / Training Form

Visitor Log

Wet Bulb Globe Temperature Log



OMB No.	. 1512-0185	(09/30/2002)
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DATE

DEPARTMENT OF THE TREASURY

BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

REPORT OF THEFT OR LOSS-EXPLOSIVE MATERIALS

Upon discovery of any theft or loss of any of your explosive materials:

- -First, contact ATF toll free at 1-800-461-8841 between 8:00 a.m. 5:00 p.m. EST (or after-hours and weekends contact ATF collect at 1-888-283-2662) to report the theft or loss;
- -Second, contact your local law enforcement office to report the theft or loss to obtain a police report; and
- -Third, complete this form and attach any additional reports, sheets or invoices necessary to provide the required information, and fax then mail the form with additional material(s) to the nearest ATF office listed on the reverse. We suggest you retain a copy of the completed form. Please complete each item, as applicable, to the best of your ability.

applicable, to the best of your ability.

NOTE: Section 842(k), 18 U.S.C., Chapter 40, states, "It shall be unlawful for any person who has knowledge of the theft or loss of any explosive materials from his stock to fail to report such theft or loss within twenty-four hours of discovery thereof to the Secretary and to appropriate local authorities." Codified at 27 C.F.B. Section 55.30.

27 C.F	.R., Section 55.30.					
	ME, ADDRESS AND TELEPH PORT (Include corporate or but			2. LOCATION OF	THEFT OR LOSS (If different from Item 1)	
					·	
			····			
3. TH	EFT OR LOSS	DATE	TIM	IE		
a. DIS	SCOVERED					
	CURRED (Show approximate exact not known)				4. NAME AND AD	DRESS OF LOCAL AUTHORITY TO WHOM REPORTED
	PORTED TO ATF BY LEPHONE					
	PORTED TO LOCAL				POLICE REPO	RT NI IMRER
	PLOSIVE MATERIALS LOST	OR STOLEN (Attac	h invoices or	r additiona		VIV. III VIV. VIV. VIV. VIV. VIV. VIV.
J. 27.	a. MANUFACTURER (OR BRAND NAME		b. (Pour	QUANTITY ods of Explosives, mber of Caps)	c. TYPE AND DESCRIPTION (Dynamite, Blasting Agents, Detonators, etc. Include for each type, size, MS delay or length of legwire, as applicable)
				* * \$		
6 TL	IEFT OR LOSS OCCURRED F	DOM (Chack applie	able boy)	<u> </u>		
	PERMANENT	PORTABLE MAGAZINE	TRU	CK .	WORK SITE	OTHER (Explain)
7 FN	ITRY TO MAGAZINE MADE TH		e if annlicah	(e)		8. NUMBER AND TYPE OF LOCKS FORCED
	DOOR ROOF	FLOOR		JNDATIO	N	(Complete if applicable)
	WALL CEILING	VENTS	OTH	IER (Exp	lain)	
9. 0	THER INFORMATION PERTIN	ENT OT THE THEE	TOBLOSS			
U. U						
10. 5	SIGNATURE AND TITLE OF PE	ERSON MAKING RE	PORT			11. FEDERAL EXPLOSIVES LICENSE OR PERMIT, IF ANY
			F	OR ATF	USE ONLY	
DATI	RECEIVED	TIM	E RECEIVE			UNIQUE IDENTIFIER
	F 5400 5 (6-2002) PREVIOL	IS EDITIONS ARE	OBSOLETE			

REPORTING INSTRUCTIONS

Forward or Fax this completed form to the ATF address listed below:

Bureau of Alcohol, Tobacco and Firearms Arson and Explosives National Repository Branch (AENRB) P.O. Box #50980 Washington, DC 20077-8001 Toll Free Fax: 1-866-927-4570

Questions regarding the completion of this form should be referred to the AENRB toll free at 1-800-461-8841.

PRIVACY ACT INFORMATION

The following information is provided pursuant to section 3 of the Privacy Act of 1974 (5 U.S.C. § 522a(e)(3).

- 1. Authority. Solicitation of this information is made pursuant to Title XI of the Organized Crime Control Act of 1970 (18 U.S.C. Chapter 40). Disclosure of a theft or loss of explosive materials is mandatory pursuant to 18 U.S.C. § 842(k) for any person who has knowledge of such theft or loss from his stock.
- Purpose. The purpose for the collection of this information is to give ATF notice of the theft or loss of explosive materials, and to furnish ATF with the
 pertinent facts surrounding such theft or loss. In addition, the information is used to confirm and verify prior notification of this theft or loss of explosive
 materials.
- 3. Routine Uses. The information will be used by ATF to aid in the administration of laws within its jurisdiction concerning the regulation of explosive materials and other related areas. In addition, the information may be disclosed to other Federal, State, foreign, and local law enforcement of laws within their jurisdiction.
- 4. Effects of not supplying information requested. 18 U.S.C. § 842(k) makes it unlawful for any person, who has knowledge of the theft or loss of explosive materials from his stock, to fail to report such theft or loss within twenty-four hours of discovery thereof, to the Secretary and to appropriate local authorities. The penalty for violation of this section is a fine of not more than \$1,000 or imprisonment for not more than one year, or both. 18 U.S.C. § 844(b).

PAPERWORK REDUCTION ACT NOTICE

This request in accordance with the Paperwork Reduction Act of 1995. The purpose of this information collection is to report the theft or loss of explosive materials. The information is used for investigative purposes by ATF officials. This information is mandatory by stature. (18 U.S.C. § 842)

The estimated average burden associated with this collection of information is 1 hour and 48 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D. C. 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



Chemical Quality Control Report

Page of	
Date:	
Day:	_

REPORT NUMBER	TIME ON SITE	PROJECT / LOCATION	
			T
WEATHER		TEMPERATURE RANGE	WIND
SUMMARY OF SITE ACTIVITIES			
LEVEL OF HEALTH & SAFETY PR	OTECTION		
INSTRUMENTATION USED			
CALIBRATION(S) PE	RFORMED		
INSTRUMENT PROB	LEMS / REMEDIES		
SAMPLES COLLECTED			
SAMPLE COLLECTION METHOD(C)		
SAMPLE COLLECTION METHOD(3)		
QUALITY CONTROL SAMPLES*			
*Indicate Sample Media (groundwa	ter surface water soil or sedir	ment), Sample Type (composite, grab, duplicate, r	insate) and Sample ID Numbers
ADDITIONAL REMARKS	ter, surface water, soil, or sean	menty, Sample Type (composite, grab, adplicate, f	misate), and sample is warmsers
SIGNATURE			



Daily Operations Log

Page 1 of
Date:
Day:

Total Grids Cleared:					Total Excavations:						
Total MEC:					Total S	Scrap (lbs):					
Field Operation	ı Time:				Gov't I	Delay Time:					
Total number of	of Demo Shots Pe	erformed:			Weath	er Delay Time:					
Weather:					Temp:						
Grid I.D.	Vegetation Cleared (Acres)	Oty Live MEC	Number MEC Destroyed	MC S Weigh	Scrap Total Digs Non-MEC Hazardous Materials Located Completed						
			1								
Activities Perfo	armod Todayı										
Activities rend	imeu rouay.										



Daily Operations Log

Page 2 of
Date:
Day:

Comments (Use as many pages as necessary and include lessons learned where appropriate):	
Planned Operations for Tomorrow:	
CLIVAS Signatura:	
SUXOS Signature:	



Daily Vehicle Inspection Form (Transport of Personnel and Non-Hazardous Equipment)

Day:

TYPE OF VEHICLE ☐ Truck ☐ Jeep ☐ Car ☐ Tractor & Double Trailers			NUMBER		MAKE	MODEL						
☐ Trac	tor & Closed er	Semi-Trailer	RENTAL	COMPANY								
			CONE	CONDITION AT ODICIN								
ITEM NO.		K APPROPRIATE COLUMN erse side for explanatory notes)	SAT UNSAT NA			(Explain unsatisfa	REMARKS (Explain unsatisfactory item; use reverse side if necessary)					
1	ENGINE, B	SODY, CAB, & CHASSIS CLEAN										
2	STEERING	MECHANISM										
3	HORN OPI	ERATIVE										
4	WINDSHIE	LD & WIPERS										
5	REAR VIE	W MIRRORS INSTALLED										
6	FULL FIRE	EXTINGUISHER INSTALLED										
7	LIGHTS &	REFLECTORS OPERATIVE										
8	EXHAUST	SYSTEM										
9	FUEL TAN	K, LINE & INLET										
10	ALL BRAK	ES OPERATIVE										
11	SPRINGS	& ASSOCIATED PARTS										
12	TIRES											
13	CARGO SI	PACE										
14	TAILGATE	AND DOORS SECURED										
15	FIRST AID	KIT										
16	ANY OTHE	R DEFECTS (specify)										
☐ APPROVED (If rejected give reason on reverse side. Equipment shall be approved if deficiencies are corrected prior to loading.)		UXOQC/S	SO SIGNATI	JRE								

REQUISITION AND INVOICE/SHIPPING DOCUMENT										Form Approved OMB No.0704-0246 EXPIRES APR 30, 198	19	.*							
completi	ng ar	nd reviewing the coll	ection of information.	Send comments reg	garding this burden	estimate or any o	fing the time for reviewin other aspect of this collect 22202-4302, and to the C	tion of informatio	n. Including	suggestion	ns for reducing	this bur	den, to Wa	shington Headq	uarters Services,				
Directorate for information Operation and Reports. 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Papenwork Reduction(074-0246), Washington, D.C. 20503. 1. FROM (Include Zip Code) SHEET NO OF SHEETS SHEETS									6. REQU	ISITION NUMBER									
										7. DATE	MATERIAL RE	QUIRE	D			8. PRIOR	ату		
	2 T	O- (Include ZIP Co	de)							9. AUTHO	ORITY OR PUI	RPOSE			:				· .
										10. SIGN	ATURE					11a. VO	UCHER NUMBER & DATE	(YYMMDD)	
	3. S	SHIP TO: MARK FO	R			*·:				12. DATE	SHIPPED (Y	YMMDD)			b.			
				•						13. MOD	E OF SHIPME	NT				14. BILL	OF LADING NUMBER		
														PORT OF REFE	ERENCE NO		: .		
	4. A	APPROPRIATIONS	SYMBOL AND SUB	HEAD	1	OBJECT CLASS	EXPENDITURE ACCOU	(To)		CHARGE ACTIVITY			AU CONTE ITY NO.	ROL			BUREAU CONTROL NO	AMK	DUNT
ITEM NO		FEIN	ERAL STOCK NUMB	ER DESCRIPTION	AND CODING OF	F MATERIAL AN	DVOR SERVICES	UNIT	QUANTIT			SUPPL		TYPE CON	CON- TAINER		UNIT PRICE	тот	TAL COST
(a)			LIVE STOOK HOME	er, besora non	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ISSUE (c)		(d)	ļ	(e)		TAINER (f)	NOS (g)		(h)	(i)	
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16. TR/	L	PORTATION VIA MA	ATS OR MISTS CHAF	RGEABLE TO					Ь		<u>.</u>			—— <u>+</u>					
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C A P	н											C E	NOTED					0.00	
1 T	M					I P	RECEIVE	D	DATE(YYMMDO))	BY	GRAND TOTAL							
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T 1		L VOVED DI									:	,	POSTED		DATE(YYMMDD		ВУ	20 RECEIVER'S VOUCHER NO	
N						TOTAL													

1. TOTAL PRICE 2. SHIP FROM 3. SHIP TO SUPPLE- S F DIS-S MENTARY I U TRI-E ADDRESS G N BU-R D TION RDD A EEA D QLT V D E DOLLARS P R I DOLLARS CTS 4. MARK FOR 8. TYPE CARGO 9. PS 5. DOC DATE 6. NMFC 7. FRT RATE 10. QTY. REC'D 11.UP 12. UNIT WEIGHT 13. UNIT CUBE 14. UFC 15. SL 16. FREIGHT CLASSIFICATION NOMENCLATURE RELEASE/RECEIPT DOCUMENT 17. ITEM NOMENCLATURE 18. TY 19. NO CONT 20. TOTAL WEIGHT 21. TOTAL CUBE CONT 22. RECEIVED BY 23. DATE RECEIVED FORM 1348-1A, JUL 9

BE USED

EDITION MAY

PREVIOUS

DOD PROPERTY IN THE CUSTODY OF CONTRACTORS

(DFARS 245.505-14)

(See Instructions on back before completing this form.)

REPORT AS OF
30 SEP
OR

Form Approved

OMB No. 0704-0246

Expires Jan 31, 2003

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0246), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 2202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

subject to any penany for running to comp.	PLEASE DO NOT	RETURN YOUR COMPLETED FORM			SS.								
1. TO (Enter name and address					ss and CAGE code	of contractor)							
3. IF GOVERNMENT-OWNED, G	CONTRACTOR-OPE	RATED PLANT, EN	TER GOVERNMEN	T NAME OF PLA	NT								
A CONTRACT NO (D(A))	F CONTRACT	/ DUCINITION	7 OFFICIAL NAM	AE OF DADENT	COMPANIV								
4. CONTRACT NO. (PIIN)	5. CONTRACT PURPOSE	6. BUSINESS TYPE (Enter	7. OFFICIAL NAME OF PARENT COMPANY										
		L, S, or N)											
8. PROPERTY LOCATION(S)				9. PLANT EQU	JIPMENT PACKAG	E (PEP No. and use)							
	b. BALANCE	START OF PERIOD			e. BALANCE	END OF PERIOD							
a. PROPERTY	(1) ACQUISITIO	N (2) QUANTITY		d. DELETIONS	(1) ACQUISITION	(2) QUANTITY							
(Type or Account)	COST (in dollars)	(in units or acres)	(in dollars)	(in dollars)	COST (in dollars)	(in units or acres)							
	(III dollars)	Or acres)			(III dollars)	or acresy							
10. LAND													
11 OTHER REAL PROPERTY													
11. OTHER REAL PROPERTY													
12. OTHER PLANT EQUIPMENT													
13. INDUSTRIAL PLANT EQUIPMENT													
14. SPECIAL TEST EQUIPMENT													
15. SPECIAL TOOLING													
(Government Title Only)													
16. MILITARY PROPERTY (Agency-Peculiar)													
17. GOVERNMENT MATERIAL (Government-Furnished)													
18. GOVERNMENT MATERIAL (Contractor-Acquired)													
19. CONTRACTOR REPRESENT	TATIVE												
a. TYPED NAME (Last, First, Middle	le Initial)		b. SIGNATURE		С	. DATE SIGNED							
						(YYYYMMDD)							
20. DOD PROPERTY REPRESE	NTATIVE		<u> </u>										
a. TYPED NAME (Last, First, Middle			c. SIGNATURE		d	. DATE SIGNED							
						(YYYYMMDD)							
b. TELEPHONE NUMBERS (Comme													

REPORTING INSTRUCTIONS

GENERAL. The prime contractor shall report all DoD property (as indicated) in its custody or in that of its subcontractors as of September 30 to the Government Property Representative by October 31 of each year. Also report zero end of period balances when no DoD property remains accountable to the contract. Report data from records maintained in accordance with FAR Subpart 45.5 and DFARS Subpart 245.5.

REPORT AS OF 30 SEP ______ . Fill in the appropriate year *(or other date).*

- **ITEM 1 TO.** Enter the name of the Government Property Representative, the Contract Administration Office or other office the Government Property Representative works for, and the full mailing address (including City, State, and ZIP+ 4).
- ITEM 2 FROM. Enter the full name and address of the reporting contractor with the Division name stated after the Corporate name. Use the name as it appears on the contract but omit articles and insert spaces between company names that are made up of letters like XYZ Inc., for example. Also enter the Commercial and Government Entity (CAGE) Code.
- ITEM 3 IF GOVERNMENT-OWNED CONTRACTOR-OPERATED PLANT, ENTER GOVERNMENT NAME OF PLANT. Enter the Government name of the plant if the plant is Government-owned and Contractor-operated. Leave blank if it is a contractor-owned plant.
- ITEM 4 CONTRACT NO. (PIIN). Enter the 13-digit contract number or Procurement Instrument Identification Number (PIIN) under which the Government property is accountable. Use format XXXXXX-XX-X-XXXX.
- ITEM 5 CONTRACT PURPOSE. Enter one of the following 1-character alphabetic codes to identify the general purposes of the contract:
 - A. RDT&E
 - B. Supplies and Equipment (deliverable end items)
 - C. Facilities Contract
 - D. Lease of facilities by the contractor
 - E. Maintenance, Repair, Modification, or Rebuilding of Equipment
 - F. Operation of Government-Owned Plant or Facilities including test sites, ranges, installations
 - G. Service contract performed primarily on Military Installations, test facilities, ranges or sites
 - H. Contract for storage of Government Property
 - I. Others

ITEM 6 - BUSINESS TYPE. Enter a 1-character alphabetic code indicating the type of business concern:

L = Large S = Small N = Non-profit

(See FAR Part 19 for definition of Small Business and FAR 31.701 for definition of Non-profit Organizations.)

ITEM 7 - OFFICIAL NAME OF PARENT COMPANY. Enter the name of the Parent Corporation of the Reporting Contractor. The Parent Corporation is one in which common stock has been issued whether or not the stock is publicly traded and which is not a subsidiary of another corporation.

- ITEM 8 PROPERTY LOCATION(S). Enter the primary location(s) of the property if it is located at site(s) other than that of the Reporting Contractor, e.g., location of subcontract property or property at alternate sites of the prime contractor. Location is the City, State and Zip or the Military Installation or the Foreign site. Limit input to 69 characters. NOTE: Can be used as a "REMARKS" field
- ITEM 9 PLANT EQUIPMENT PACKAGE. Enter the Number and Use of a Plant Equipment Package (PEP) if one exists on this contract. Leave blank otherwise. Example: ARMY PEP #570 81 mm Shells.
- ITEMS 10 18.b.(1) ACQUISITION COST (BALANCE AT THE BEGINNING OF THE FISCAL YEAR). Enter the acquisition cost for each type of property as defined in FAR 45.5 or DFARS 245.5. The amounts reported must agree with the amounts reported in the previous year for BALANCE AT END OF PERIOD.
- ITEMS 10, 12 16.b.(2) QUANTITY (BALANCE AT BEGINNING OF THE FISCAL YEAR). Enter the quantity for all categories of Government property except for Other Real Property and Material on hand at the beginning of the fiscal year. The amounts reported must agree with the amounts reported in the previous year for BALANCE AT END OF PERIOD.
- ITEMS 10 15.c. ADDITIONS (in dollars). For the property categories indicated, enter the acquisition cost for the total additions to the contract from any source during the fiscal year. Do not enter for Government Material or Military Property.
- ITEMS 10 15.d. DELETIONS (in dollars). For the property categories indicated, enter the acquisition cost for the total deletions from the contract during the fiscal year. Do not enter for Government Material or Military Property.
- ITEMS 10 18.e.(1) ACQUISITION COST (BALANCE AT THE END OF THE FISCAL YEAR). Enter the acquisition cost for each type of property as defined in FAR 45.5 or DFARS 245.5.
- ITEMS 10, 12-16.e.(2) QUANTITY (BALANCE AT END OF FISCAL YEAR). Enter the quantity for all categories of Government Property except for Other Real Property and Material on hand at the end of the fiscal year. These will be carried forward to reflect the balance at the beginning of the following year.
- **ITEMS 17 and 18 GOVERNMENT MATERIAL.** Report material as reflected on inventory records in accordance with FAR 45.505-3.
- **ITEM 19 CONTRACTOR REPRESENTATIVE.** Type the name of the contractor representative authorized by the property control system to sign this report.
- **ITEM 20 DOD PROPERTY REPRESENTATIVE.** Type the name of the DoD Property Administrator or other Authorized Property Representative, plus that individual's commercial area code and telephone number and DSN number *(if one exists).* Signature and date.
- **NOTE TO CONTRACTOR:** When reporting more than one contract from the same location and the same contractor, you may elect to fill out Data Elements 1, 3, 6, 7, and 19 only once as long as each form can be readily identified if any form becomes separated from the others.



Debris Inventory Log

Page of	
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UXO Tech II:					UXOQC/SO:							
SUXOS:					Team Leader:							
Date	Drum I.D.	Contents	Seal I.D.	UXO Ini	Tech II tials	UXO Team Leader Initials	UXOQC/SO Initials	SUXOS Initials	Date Shipped			
COMMEN	NTS											



Demolition Shot Log

Page of	
Date:	
Day:	

GRID LOCATION:					TIME	SHO	OT NUMBER	
NORTHING		EASTII	NG					
WEATHER CONDITION	NS:							
CLOUD COVER	%	HUMIDITY %	PRESS	SURE	TEMPERATURE ⁽	TEMPERATURE °F PRECIPITATION		
PURPOSE OF SHOT						I		
	MEC MEC	CITEM I.D.		DESCRIPTI	ON	EINAL	DISPOSITION	
MUNITIONS DESTROYED (use extra sheet if necessary)	IVIEC	TIEWI.D.	D		UN	FINAL	DISPUSITION	
TIME FUSE	(feet)	FUSE LIGHT	ER (qty)	CAI	PS (qty)	DET CO	RD (feet)	
PERFORATO	RS (qty)	SAFETY DIST	ANCE (ft)	TA	MPING	NOISE R	EADINGS	
	QTY	T		nes <i>c</i>	CRIPTION			
	QII			DLSC	ZKII TION			
EXPLOSIVES								
	POINT (OF CONTACT	AC	ENCY	PHON	IE NUMBER	CONTACTED?	
	POINT (OF CONTACT	AC	ENCY	PHON	IE NUMBER	CONTACTED? (Y/N)	
	POINT (OF CONTACT	AG	ENCY	PHON	IE NUMBER		
NOTIFICATIONS	POINT (OF CONTACT	AC	ENCY	PHON	IE NUMBER		
NOTIFICATIONS	POINT (OF CONTACT	AC	ENCY	PHON	IE NUMBER		
NOTIFICATIONS	POINT (OF CONTACT	AC	ENCY	PHON	IE NUMBER		
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	POINT	OF CONTACT	AC	ENCY	PHON	IE NUMBER		
NOTIFICATIONS	POINT	OF CONTACT	AC	SENCY	PHON	IE NUMBER		
	POINT	OF CONTACT	AC	SENCY	PHON	IE NUMBER		
	POINT	OF CONTACT	AC	ENCY	PHON	IE NUMBER		
		OF CONTACT	AC	UXOQC/SO SIGN		IE NUMBER		
COMMENTS		OF CONTACT	AC			IE NUMBER		



Equipment Operational Check Log

Page _____ of _____

Team #:	eam #:					Team Leader:					
Instrumen	t Type: Whi	te's Metal C	etector			Serial Number:					
Date	Time	Maximum Allowable Height (ft)	Pass / Fail	Mode	Oper	ator	# Found	# Placed	Remarks		

Explosives Accountability Record

(Magazine Data Card)

Product Code	/ FSN:	Nomenclature:				Site Name: Address:			
Date Code / L	ot Number:	Hazard Class	UN c	or NA	Quantity / Case:				
Date	Bill of Lading /	Received		Quantity	Quantity	Issued	Current	Ini	itials
	Voucher Number	From		Received	Issued	То	Balance	Issuer	Receiver



Explosives Authorization Form

Address and County:			
Federal License #:			ation Date:
The following persons are agents, empl materials on behalf of EEG.	oyees, or representatives of th	e undersigned, and are authorize	ed to order or acquire explosive
Name & Home Address	Driver's License No.	SSN	Place of Birth
The undersigned certifies that the foreg communicate any additions or deletions	joing information is true and co s to the foregoing list to EEG.	orrect to the best of his knowledg	ge and belief, and that he will
Corporate Officer		Dat	e



Explosives Consumption Certificate

Page of
Date:
Day:

		Ex	plosive Consumption Certi	ficate				
Demolition Supervisor:				Site and Gri	Site and Grid Number			
Date	Issue Document S	erial Nun	nber	Shot(s):				
	1			- 1				
Item #	Manufacture	е	Nomenclature	Lot Number	Quantity Removed from Magazine	Quantity Consumed		
	•			·				
			Certifying Official					
I certify that I saw the abo	ve items consumed d	uring de	molition on	Date:				
Team Member:		Positio	n:	Signature:				
SUXOS Name		•		Signature:				



Field Change Request Form

Field Change No:
Page of
Date:
Day:

DESCRIPTION OF CHANGE:	
Type of Change:	pact
REASON FOR CHANGE:	
RECOMMENDED DISPOSITION:	
PRESENT AND COMPLETED WORK IMPACT:	
FINAL DISPOSITION:	
Recorded By:	Date:
Reviewed By:Quality Control Representative	Date:



Government-Furnished Property (GFP) Tracking Log

Page of
G&A Rate
Overhead Rate

Tracking I.D.	Date Purchased	Item	Vendor	Purchase Price	Tax	Loaded Cost	Total Cost	Condition



Grid QC Summary Log

UXOQC/SO:	Insert Magnetic North Direction	Team No.: Team Leader:
	Seed Item ID	Found By Lane Designations Equipment Operator
Grid Dimensions: Grid Northft. by East	ft.	
ACTION DATE	SIGNATURE	REMARKS
Seeded		
Surveyed		
Quality control complete		
Client quality assurance complete		



Grid Sweep Log

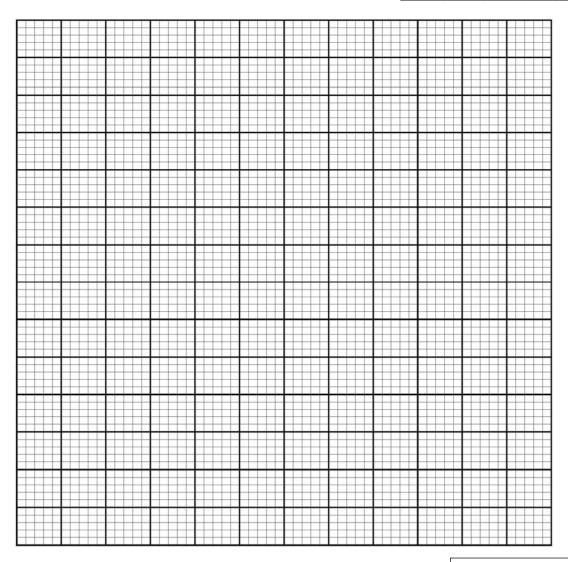
GRID ID:						Team No.:		
Date Started	Date Com	pleted				Team Leader:		
			Total Anomalies	Total Excavations	Buried Anomalies	Total MEC (quantity)	MD Sc (pound	Non-MD Scrap (pounds)
MEC ID		NOMENCLA	ATURE		FUZE	FILL	ER	DISPOSITION
								_
					_	·		
ACTION		DATE	SIGNA	ATURE	Vegetation type	e		
Vegetation removed	d							
Excavation complete	te				Soil / rock type	:		
Quality control com	plete							
Client quality assura	ance complete				Ground slope ((°):		

Remarks:

Grid Sweep Log

Team No.:

Team Leader: _



Grid Size N =	ft. E =	_ft.	Insert Magnetic
Grid ID	Date	_	North Direction

UXO TECHNICIAN	LANES SURVEYED	LANES PASSED QC

Notes:



MEC Accountability Log

UXO I.D. #	UXO Description	Fuze Condition	Filler	Depth (Feet)	Demo Date	Shot Number	Demolition Supervisor	Remarks



Non-Conformance Report

Page of
Date:
Day:

Non-Conformance Number:			Status at Time of This Report:	
Issued By:	Date Opened:		Date Closed:	
	PROBLEM	DESCRIPTION & F	ROUTE CAUSE	
		CORRECTIVE ACT		
NAME	DATE		CORRECTIVE ACTION	
	QUALIT	Y ASSURANCE VE	RIFICATION	
VERIFIED BY	DATE	STATUS	NOTES	
	CLIEN	I NOTIFICATION S	HIMMARY	
PERSON(S) NOTIFIED	DATE	I NOTH ICATION 3	RESPONSE	
	21112			
		APPROVAL HISTO	ADV	
NAME	DATE	AFFROVAL HISTO	POSITION	
TV WIL	Bitte		roomon	
Supplementary notes may be prov	vided on attached pag	jes.		
Recorded By:			Date:	
Reviewed By:			Date:	

	General Site Information	
Site Name / Location:		
_		
		Date:

		LIVO Operational Plan Compliance Items	In C	omplia	nce?
		UXO Operational Plan Compliance Items	Yes	No	N/A
1.0 A	pprove	d Work Plan (WP)			
1.1	Approv	ved WP available upon request to site, contractor, and regulatory personnel			
1.2	Manag	ement and site personnel familiar with WP			
1.3	Elemer	nts of WP being followed			•
	1.3.1	Phase I – Mobilization			
	1.3.2	Phase II – Site Layout			
	1.3.3	Phase III – Surface Ordnance and Explosives (OE) Survey			
	1.3.4	Phase IV – UXO Geophysical Survey			
	1.3.5	Phase V – Investigation/Removal Operations			
	1.3.6	Phase VI – UXO Demolition			
2.0 S	urvey A	and Mapping Plan (SMP)			
2.1	Approv				
2.2	Survey	procedures being followed			
	2.2.1	Survey monuments established			
	2.2.2	Operating boundaries identified			
	2.2.3	Grid delineation 200 x 200 feet			
	2.2.4	Project map up to date			
	2.2.5	Calibration of G-585 meets minimum manufacturer's recommendations			
	2.2.6	Mapping procedures in accordance with (IAW) Plan			
	2.2.7	Survey procedures IAW Plan			
	2.2.8	Survey team composition IAW Plan			
2.3	Anoma	ly Marking Procedures			
	2.3.1	Surveying procedures			
	2.3.2	Flags and markers			

UXO Operational Plan Compliance Items					nce?
		Yes	No	N/A	
3.0 D	etection	, Identification, Excavation, Removal, Storage and Disposal Plan	n		
3.1	Plan ava	ailable on site and personnel familiar with Plan			
3.2	Excavat	ion and removal conducted IAW Plan			
3.3	Demolit	tion material storage IAW ATF Regulations			
3.4	Demolit	tion equipment on hand and in functional order			
3.5	Blow-in	-Place (BIP) Procedures			
	3.5.1	Schedule posted and followed			
	3.5.2	Coordination with local authorities			
	3.5.3	Excavation and fragmentation distances IAW tables			
	3.5.4	Priming and firing procedures followed as stated in Demolition SOP			
3.6	Accoun	ting procedures in place and followed as stated in Demolition SOP			
3.7	Disposa	l methods for OE and scrap to include certification			
3.8		ry control procedures for UXO and demolition materials being used and ry logs being maintained			
3.9	On-site	storage meets ATF/USACE requirements			
3.10	Off-site	storage meets ATF/USACE requirements			
3.11	Disposa	l safety precautions			
	3.11.1	Warning devices on hand, functional, and used as required			
	3.11.2	Primary and back-up communications			
	3.11.3	Coordination with site personnel and local authorities			
3.12	Vehicle	safety			
	3.12.1	Vehicles in safe working order			
	3.12.2	Vehicles inspected on routine basis			
	3.12.3	Vehicles used for explosives/UXO transport meet DOT requirements			
4.0 C	orporat	e Safety & Health Program and Site Safety & Health Plan			
	4.0.1	Written Corporate Safety & Health Program (CSHP) available upon request to site, contractor, and regulatory personnel			
	4.0.2	Relevant CSHP attachments, programs, and SOPs on site and being followed			
	4.0.3	Work Plan (WP) and Site Safety & Health Plan (SSHP) on site, and SSHP Review Form signed by all site personnel			
	4.0.4	Safety, training, visitor, and monitoring logs available and up to date			
4.1	Hazard	Evaluation and Assessment	•	•	
	4.1.1	Chemical hazards			
	4.1.2	Physical hazards			

Quality Audit Checklist for UXO Sites

		UVO On and the set Blanco on the	In C	omplia	nce?				
		UXO Operational Plan Compliance Items	Yes	No	N/A				
	4.1.3	UXO hazards							
	4.1.4	Biological hazards							
4.2	Trainin	ng Program							
	4.2.1	All personnel OSHA 40-hr HAZWOPER certified (or equivalent), with annual refreshers as needed, and copies of all training certificates available on site							
	4.2.2	Management and supervisory personnel have received additional 8-hour management and supervisor training							
	4.2.3	Emergency response personnel have been designated and trained to handle anticipated emergencies							
	4.24	Site Hazard Information Training presented which identifies the known or potential hazards associated with site operations, and employees informed of potential risks and hazards identified for each task they are to perform							
	4.2.5	Employees notified of chemical, physical, and toxicological properties of identified or suspected on-site contaminants							
	4.2.6	Hazard Communication Training given to personnel who work with products containing hazardous substances, to include a review of the relevant MSDSs							
	4.2.7	Site personnel given OSHA-required, hazard-specific training, such as PPE, hearing conservation, etc., and training forms completed							
	4.2.8	At least one site UXO technician trained in first aid/CPR							
	4.2.9	Daily tailgate safety briefings and weekly safety meetings are being conducted and documented							
4.3	Medical Surveillance								
	4.3.1	Medical surveillance available for personnel who receive a documented, unprotected overexposure or develop signs and symptoms of exposure							
	4.3.2	Personnel with potential occupational exposure to blood or other infectious body fluids have been given the opportunity to be vaccinated against HBV, and personnel who decline have signed the HBV Vaccination Declaration Form							
4.4	Engine								
	4.4.1	Engineering controls and safe work practices (SWPs) being used whenever feasible; PPE used as final means to reduce personnel exposure							
	4.4.2	Equipment required by the WP/SSHP is on site, inspected, and in proper working order							
	4.4.3	PPE selected according to limitations of the PPE and the level/type of hazard							

		UXO Operational Plan Compliance Items	In Compliance?			
		Yes	No	N/A		
4.5	Illumin					
	4.5.1	No work being conducted on site until 30 minutes after sunrise or after 30 minutes before sunset, and adequate light levels maintained in all other work place facilities				
4.6	Sanitati	ion				
	4.6.1	Adequate supplies of potable water available from appropriately labeled containers/outlets				
	4.6.2	Non-potable water sources appropriately labeled and no open or potential cross connection to potable sources exists				
	4.6.3	Appropriate type and adequate number of toilets available				
	4.6.4	Wash facilities located near site but away from exposure potentials				
	4.6.5	Site being maintained in a neat and orderly fashion, free of trash and debris				
5.0 A	ccident	Prevention Plan				
5.1	Emerge	ency Response				
	5.1.1	Written emergency response plan incorporated in APP				
	5.1.2	Written procedures for reporting incidents to local, state, and federal agencies				
	5.1.3	Emergency response plan reviewed, rehearsed regularly, and amended as needed				
	5.1.4	Emergency phone numbers and hospital maps posted on site and placed in all vehicles				
	5.1.5	First aid, burn and eye wash kits available on site and in each vehicle, with a bloodborne pathogen control kit located with each first aid kit				
	5.1.6	Adequate type, number, size fire extinguishers appropriately located on site and inspected at least monthly, and flammable storage areas appropriately marked				
	5.1.7	Employee alarm system on site and perceivable by site personnel				
6.0 U	XO/OE	Records Management				
6.1	SUXOS	S Log				
	6.1.1	Is the log in the proper format and automated?				
	6.1.2	Does the log contain necessary information IAW DID?				
6.2	QCS L	og: Is the log being maintained properly?				
6.3	SSHO	Log: Is the log being maintained properly?				
6.4	TL Log	g: Is the log being maintained properly?				
6.5	TL Dai	ly's: IAW DID and maintained properly?				
6.6	EODT	grid maps and item logs used and maintained correctly?				
6.7	Grid/O	rdnance Tracking Log maintained correctly?				

LIVO Operational Plan Compliance Home	In C	nce?	
UXO Operational Plan Compliance Items	Yes	No	N/A
6.8 Can the QCS document weekly checks of the TL log books?			
6.9 Are the QCS and SSHO daily log sheets correct?			
6.10 Weekly Status Log			
6.10.1 Do the reports get delivered on time?			
6.10.2 Are all sheets updated with most current DID changes?			
6.10.3 Does the QCS do a final check before weekly sent?			
6.10.4 Are all copies maintained properly?			
6.11 Are photos being taken appropriate and suitable for final report?			
6.12 Does video cover necessary data and appropriate length?			
6.13 Does site have a book of ordnance items located on site?			

Remarks, Observations, and Recommendations	•
Signature of Auditor:	Date:
I acknowledge that I have been briefed on the results of this audit and will take any n	ecessary corrective actions.
Signature of SUXOS:	Date:
Signature of UXOQC/SO:	Date:
Signature of Site Manager:	Date:



Quality Control Report

Non-Time-Critical Removal Action at Municipality of Culebra, PR

US Army Engineering & Support Center, Huntsville Contract # W912DY-05-D-0007

Page 1 of
Date:
Day:
Report Number

EQUIPMENT USED TODAY

Item	Quantity	Supplier	Total Hours	Down Time	Mileage

ON-SITE PERSONNEL HOURS TODAY

Employee	Company	Position	Hours

STATUS SUMMARY

Category	Report Total	Total to Date
Total man hours		
Total vehicle miles		
Lost workday accidents		
Grids completed		
Man hours lost due to weather		
Man hours lost due to govt. delays		

ACTIVITIES IN PROGRESS

Status	Activities	Task Number	Team ID	Hours

Status Column (S = Start, C = Continue, F = Finish)

Page	2	of	
Date			

DISCUSS	SIONS							
		Remarks			Action			
Has anything	developed whic	ch might lead to a change	e order? \[\sum Ye	s 🗌 No	If yes,	attach Chango	e Order Request	
		UES / ACCIDEN						
D	escription	Action	Taken		Results		Personnel	Notes
Were any lost	time accidents	today?	☐ No If yes, a	ittach Accide	nt Report F	orm		
	R SUMMAI		T				-	
Time	(Conditions	Temperature	Hum	nidity	Precipitation	n Wind	Cloud Cover
Were there ar	ny weather delay	rs today?	☐ No Cumu	ılative time lo	ost (to date)	due to weath	er: hours	
Grid ID	QC Results	Notes		Grid ID	Grid ID QA Results		Notes	
					Results			
Miscellar	eous Note	S						
Tomorro	w's Schedu	ule ():						
Signature	and Certi	fication						
certify that t	his report is con	nplete and correct to the the contract plans and	best of my knowle	dge. All equip pt as noted.	oment and i	material used	and work performed	during this reporti

Date: _____

Signature:



Quality Management System Checklist

Page	of
Date:	
Day:	

SUXOS:	SM:	SM:								
TEAM:				UXOQC	/SO:					
		1								
SENSO	R(S) TYPE USED)	SERI	AL (INVENTORY) NUMBER			SENSOR SETTINGS USED			
	AREA / ITEM	UC,4		TEAM	SAT	ISFACT	∩PV	UNSATISFACTORY		
Proper work attire (TEAW	JAI	ISI ACT	<u> </u>	UNDATION ACTORY		
Equipment operation										
Vehicle condition										
Brush cutting equip	ment conditions									
Emergency equipm			tinguisher							
Proper grid layout			<u> </u>							
Proper search tech	niques									
Proper use of grubl	bing equipment									
Proper tamping and	d demo shot tec	hniques								
Team leaders daily paper work										
Office paper work										
Mapping and UXO data										
Field office operation										
Daily scrap certification and concurrence										
				QA TEST						
Technician	Sweep Height (Pass/Fail)	Equipment Operation (Pass/Fail)	Sweep Width (Pass/Fail)	Lanes Swept (Lane ID)	QC Seeding Items Found (Count)	(Pas	s/Fail) Co	Comments		
						1				
						1				
						-				
						1				
						+				
						+				
	1	<u> </u>				1				
QCS SIGNATURE:										



Vehicle Inspection Form (Transport of Hazardous Material)

Page of
Date:
Day:

GBL NO.				ORIGIN					DESTINATI	ON	
NAME OF CARRIER									-	<u>- </u>	
NAME	OF DRIVER										
DATE A	AND HOUR										
INSTAL	LATION/ACTIVITY										
	R'S STATE PERMIT NO.										
MEDIC	AL EXAMINER'S CERTIFICATE	& DATE									
				V	EHICLE		J.				
TYPF (OF VEHICLE	TRUCK NUMB	ER	TRAILER(S) NUMBER					CLEEDED CADS	DVEC DNO	
	ck Truck & Full Trailer			, ,			,	SLEEPER CAB?	☐ YES ☐ NO		
	ctor & Double Trailers	ORIGIN			OR	ORIGIN			VALID LEASE?	□ VES □ NO	
_	ctor & Closed Semi-Trailer										
_		DESTINATION			DE	STINATION			.C.C. NUMBER		
☐ Ira	ctor & Flatbed Trailer										
	NOT	E: All of the fol	lowing i	items shall be	e checke	d on empty	equipment pri	or to loadir	ng.		
		Items with an	asteris	k (*) shall be	checked	l on incomi	ng loaded equi	pment.			
ITEM	CHECK APPROPRIATE (COLUMN	C	RIGIN	DEST	INATION		REMARKS			
NO.	(See reverse side for explana		SAT	UNSAT	SAT	UNSAT	(Explain ur	(Explain unsatisfactory Item; use reverse side if n		side if necessary)	
1	ENGINE, BODY, CAB, & CHAS	SIS CLEAN									
2	STEERING MECHANISM										
3	HORN OPERATIVE										
4	WINDSHIELD & WIPERS										
5	SPARE ELECTRIC FUSES AVA										
	6 REAR VIEW MIRRORS INSTALLED										
7	HIGHWAY WARNING EQUIPM										
	*8 FULL FIRE EXTINGUISHER INSTALLED										
9	LIGHTS & REFLECTORS OPE	RATIVE									
	10 EXHAUST SYSTEM										
	*11 FUEL TANK, LINE & INLET										
*12	ALL BRAKES OPERATIVE	OTC.									
13 *14	SPRINGS & ASSOCIATED PARTIRES	RIS									
15	CARGO SPACE										
*17	*16 ELECTRIC WIRING *17 TAILGATE AND DOORS SECURED										
18											
					spector) ORI	GIN	SIGNAT	URE (of inspector)	DESTINATION		
Equipment shall be approved if deficiencies							(0				
☐ RE.	JECTED are corrected prior	r to loading)									
	ITEMO	TO DE CUECUE	ם חחום	D TO DELEAS	EOFIO	ADED VEIII	CI E		ODICIN	DECTINATION	
19								DESTINATION			
*20											
21											
*22											
*23											
*24	· · · · · · · · · · · · · · · · · · ·										
*25	SHIPMENT MADE UNDER DO		58								
SIGNA	SIGNATURE (of Inspector) ORIGIN				SIC	NATURE (o	f Driver) ORIGIN				
SIGNA	SIGNATURE (of Inspector) DESTINATION				SIC	SIGNATURE (of Driver) DESTINATION					
(1.1											





Chemical Quality Control Report

Page	of
Date:	
Day:	

REPORT NUMBER	TIME ON SITE	PROJECT / LOCATION	
			1
WEATHER		TEMPERATURE RANGE	WIND
SUMMARY OF SITE ACTIVITIES			
LEVEL OF HEALTH & SAFETY PRO	DTECTION		
INSTRUMENTATION USED			
CALIBRATION(S) PER	RFORMED		
INSTRUMENT PROBL	EMS / REMEDIES		
SAMPLES COLLECTED			
CAMPLE COLLECTION METHOD/O	•		
SAMPLE COLLECTION METHOD(S	o)		
QUALITY CONTROL SAMPLES*			
*Indicato Sample Media (groundwat	or surface water soil or se	diment), Sample Type (composite, grab, du	nlicate rineate) and Sample ID Numbers
ADDITIONAL REMARKS	er, surface water, soil, or se	uimenty, sample Type (composite, grab, du	plicate, filisate), and Sample ID Numbers
SIGNATURE			



Non-Conformance Report

Page	of
Date:	
Day:	

Non Conformance Number:	Status at time	e of this Report:					
Date Opened:	Issued By:		Date Closed:				
Name	Problem Description and Route Cause						
Name	Date	Date Description					
	1						
		Corrective Action					
Name	Date	Corrective Ad					
	Qual	ity Assurance Verifi	ication				
Verified By	Date	Status	Notes				
Volumed By	Date	Otalus	110103				
	Clie	nt Notification Sum	ımarv				
Person(s) Notified	Date	Response	iiiiai y				
T dison(s) Nounca	Date	rtosponso					
		Approval History					
Name	Date	Position					
Supplementary notes may be provided	on attached pages						
Recorded By:				Date:			
Reviewed By:				Date:			



Recorded By:_

Surface Soil Sampling Form

Non-Time-Critical Removal Action at Municipality of Culebra, PR
US Army Engineering & Support Center, Huntsville
Contract # W912DY-05-D-0007

Page of
Date:
Day:

Sample Information:						
Time		Sample Depth				
Depth		Sample Number	er			
Field Parameters:						
5 " O " I I						
Fractions Collected:						
Weather Conditions (Prio	r 3 Days):					
General Observations:						
General Observations.						
l						

Date:___





Accident / Injury Investigation

Page	_ of
Date:	
Day:	

MUST BE COMPLE	TED WITHIN 72 HOURS	Date of Accident/Injury:							
Employee Name:		Supervisor Name:							
Description (Provide	Description (Provide facts, describe how incident occurred, provide diagram or photos)								
Analysis 1 (Mhat ur	nsafe acts or conditions contributed to the incident	an and an							
Analysis i (what ui	isale acts of conditions continuated to the incident	.) -							
Analysis 2 (What sy	stematic or management deficiencies contributed	to the incident?)							
Corrective Action(s	(List corrective actions, responsible person, sch	eduled completion date)							
Witnesses (Attach s	statements or indicate why not available)								
	•								
	Print Name	Signature	Date						
Investigated by									
SUXOS									

(For Safety Staff only)	REPORT NO.	EROC CODE		CCIDEN Form S	IT INVE ee Heip i		I REPORT		10)	CONT	QUIREMENT ROL SYMBOL: EC-S-8(R2)
1.	NNEL CLASSIFICATION	ı	INJURY/ILLNESS/FAT		IT CLASSI	FICATION ROPERTY DAMA	\GE	MOTORY	EHICI E	INVOLVED	DIVING
			INJURT/ILLINESS/FAT	<u> </u>	<u> </u>	NOTENTE DAMP	- CUL	IVIO I OR V	LINGLE	VOLVED	DIVING
GOVERNMENT CIVILIAN	_				☐ FIRE	LVED	OTHER				
☐ CONTRA	ACTOR				FIRE OTHER						
PUBLIC			FATAL _ OTHE								
2.	Cinot AAII		h ACE DEV	PEF	RSONAL D		NUDITY ALLIADI				- CDADE
a. Name (Last,	, FIFST, IVII)		b. AGE c. SEX MALI	E 🗍 F	EMALE	d. SOCIAL SEC	CURITY NUMBI	=H			e. GRADE
f. JOB SERIES	/TITLE	g. DUT	Y STATUS AT TIME O	F ACCIDE	NT	h. EMPLOYME	NT STATUS A	T TIME OF	ACCIDE	NT	
G. DOT OTATION AT TIME OF				ARMY ACTIVE ARMY RESERVE VOLUNT PERMANENT FOREIGN NATIONAL SEASON. TEMPORARY STUDENT					OLUNTEER SEASONAL		
3.				GENER	AL INFOR	MATION			1		
a. DATE OF A (month/day/		F ACCIDENT y time)	c. EXACT LOCATION	N OF ACC	IDENT				d. CO	NTRACTOR	'S NAME
		hrs							(1) P	RIME:	
e. CONTRACT	NUMBER		f. TYPE OF CONTRA	CT			OUS/TOXIC W	ASTE	1		
			CONSTRUCTION	N [] SERVICE		_	FDD	12) 6	UBCONTRA	ACTOR:
☐ CIVIL V	VORKS MIL	ITARY	☐ A/E		DREDGE	SUPERI	FUND ∐ D OTHER ☐		(2, 3	OBCONTIN	4010N.
☐ OTHER	(Specify)		l			L ''''	☐ OTHER	<i>Specity)</i>			
4.	C OTHER ISpectry										
	CTION ACTIVITY	io i no i no i i	COTTOTILE ONE I IT III	(CODE	h T	YPE OF CONSTR			CID IIICIII	47	(CODE)
				#	'						#
5	IN ILIRY/ILL	IESS INFORMA	ATION (Include name o	n line and		odina code numb	er in hay for it	ome a f &	a - see l	neln menul	
a. SEVERITY (OF ILLNESS/INJURY	VESS IN CHAR	THOM INCIDIAL HAME I	ni iirie aric		B. ES	TIMATED C	. ESTIMAT	ED	D. ESTII	MATED DAYS
					(CO #	DE)	AYS LOST	DAYS HO ALIZED	35P11-	REST	RICTED DUTY
e. BODY PAR	T AFFECTED				CODE)	g. TYPE AND S	OURCE OF INJ	IURY/ILLNE	SS		
PRIMARY				#							(0000)
CECOND ADV	,			#	CODE)						(CODE)
SECONDARY					(CODE)						
f. NATURE OF	FILLNESS / INJURY			(((CODE) source #						
a. ACTIVITY	AT TIME OF ACCIDENT	PUBLI	C FATALITY <i>(Fill in lin</i>		<u>CODE)</u>	<i>c<u>e code number .</u> b.</i> PERSONAL F			:D?		
				#		YES	_	NO		N/A	
7. a. TYPE OF V	EHICLE		b. TYPE OF COLLI		VEHICLE A	ACCIDENT	c. SEAT BEL	rs us	ED IV	OT USED	NOT AVAILABLE
PICKUI		JTOMOBILE	SIDE SWIPE	□ HEA	עם טא ב	REAR END				J. JULD	
TRUCK		HER (Specify)	BROADSIDE	_	-	BACKING	(1) FRONT S		\dashv		
			OTHER (Speci				(2) REAR SEA	AT			
8.	TENA		Р			L INVOLVED				4011517.00	DAMAGE
a. NAME OF I	I I CIVI			B. OWN	EKSHIP				C. ∜ Al	MOUNT OF	DAINAGE
(2)											
(3)											
9.			PLANT ACCIDENT (Fil						e help m	enu)	
a. TYPE OF VESSEI/FLOATING PLANT (CODE) b. TYPE OF COLLISION/MISHAP (CODE) #											
10.			ACCIDENT DES	SCRIPTION	\ (Use add	litional paper, if I	necessary)				
See attached page.											
1					-						

11. CAU	SAL FAC	TOR(S)	(Read Instruction Be	fore Completing			
a. (Explain YES answers in item 13)	YES	NO	a. (CONTINUED)	DUNGIO 41 - 0-	IT FACTORS D'	YES	NO
DESIGN: Was design of facility, workplace or equipment a factor?			I chemical age	nts, such as dus nts, such as, noi:	IT FACTORS: Did exposure to t, fumes, mists, vapors or se, radiation, etc., contribute	° □	
INSPECTION/MAINTENANCE: Were inspection & maintenance procedures a factor?					ng such as, lifting office etc., contribute to the accider	nt?	
PERSON'S PHYSICAL CONDITION: In your opinion, was the physical condition of the person a factor?			SUPPORT FACTO provided to p	RS: Were inapp roperly perform	ropriate tools/resources the activity/task?		
OPERATING PROCEDURES: Were operating procedures a factor?			use or mainte		ENT: Did the improper selectial protective equipment	ion,	
JOB PRACTICES: Were any job safety/health practices not followed when the accident occurred?					n, was drugs or alcohol a facto	or to	
HUMAN FACTORS: Did any human factors such as, size or strength of person, etc., contribute to accident?					TY HAZARD ANALYSIS COM O AT TIME OF ACCIDENT?	PLETED	
ENVIRONMENTAL FACTORS: Did heat, cold, dust, sun, glare, etc., contribute to the accident?			YES	(If yes, attach	а сору.)	NO	
12.			TRAINING				
a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK?	b.	TYPE	OF TRAINING.		c. DATE OF MOST RECEN	T FORMAL TRA	INING.
YES NO		CLA	ASSROOM	ON JOB	(Month) (Day) (Year)	,
13. FULLY EXPLAIN WHAT ALLOWED OR CAUSED THE ACCIDI	ENT; INC	LUDE D	RECT AND INDIREC	T CAUSES (See	instruction for definition of dir	ect and	
indirect causes.) (Use additional paper, if necessary) a. DIRECT CAUSE					, , , , , , , , , , , , , , , , , , ,		
		See a	ttached page.				
b. INDIRECT CAUSE(S)			ttached page.				
14. ACTION(S) TAKE	N, ANTI	CIPATED	OR RECOMMENDE	TO ELIMINATE	CAUSE(S).		
DESCRIBE FULLY:							
		See a	ttached page.				
15.	DATES F	OR ACT	IONS IDENTIFIED IN	BLOCK 14.			
a. BEGINNING (Month/Day/Year)			b. ANTICIPAT	ED COMPLETIO	N (Month/Day/Year)		
c. SIGNATURE AND TITLE OF SUPERVISOR COMPLETING REPO	ORT	d. C	OATE (Mo/Da/Yr)	e. ORGANIZAT	ION IDENTIFIER (Div, Br, Sect	f. OFFICE S	SYMBOL
CONTRACTOR							
16.		MANA	GEMENT REVIEW (1s	st)			
a. CONCUR b. NON CONCUR c. COMME	ENTS						
SIGNATURE	Т	ITLE			DATE		
17. MANAGEMENT	REVIEW	(2nd - C	Chief Operations, Con	struction. Enain	eering, etc.)		
a. CONCUR b. NON CONCUR c. COMMEN					- 2		
SIGNATURE	TITLE	· · · · · · · · · · · · · · · · · · ·			DATE		
18. SAF	ETY AND	occui	PATIONAL HEALTH	OFFICE REVIEW			
a. CONCUR b. NON CONCUR c. ADDITION	NAL ACT	TIONS/C	OMMENTS			-	
SIGNATURE	TITLE				DATE		
19.		CON	MAND APPROVAL		ı		
COMMENTS							
COMMANDER SIGNATURE					DATE		

10.	ACCIDENT DESCRIPTION (Continuation)
	·
13a.	DIRECT CAUSE (Continuation)
	DIRECT CAUSE (Continuation)
13a.	DIRECT CAUSE (Continuation)
	DIRECT CAUSE (Continuation)
	DIRECT CAUSE (Continuation)

13b.	INDIRECT CAUSES (Continuation)
14	ACTION(O) TAYEN ANTIQUESTED OF PEOCHMENTED TO FURNISHED CALIOF(O) (A
14.	ACTION(S) TAKEN, ANTICIPATED, OR RECOMMENDED TO ELIMINATE CAUSE(S) (Continuation)
1	
1	

GENERAL. Complete a separate report for each person who was injured, caused, or contributed to the accident (excluding uninjured personnel and witnesses). Use of this form for reporting USACE employee first-aid type injuries not submitted to the Office of Workers' Compensation Programs (OWCP) shall be at the descretion of the FOA commander. Please type or print legibly. Appropriate items shall be marked with an "X" in box(es). If additional space is needed, provide the information on a separate sheet and attach to the completed form. Ensure that these instructions are forwarded with the completed report to the designated management reviewers indicated in sections 16. and 17.

INSTRUCTIONS FOR SECTION 1 - ACCIDENT CLASSIFICATION. (Mark All Boxes That Are Applicable.)

- a. GOVERNMENT. Mark "CIVILIAN" box if accident involved government civilian employee; mark "MILITARY" box if accident involved U.S. military personnel.
 - (1) INJURY/ILLNESS/FATALITY Mark if accident resulted in any government civilian employee injury, illness, or fatality that requires the submission of OWCP Forms CA-1 (injury), CA-2 (illness), or CA-6 (fatality) to OWCP; mark if accident resulted in military personnel lost-time or fatal injury or illness.
 - (2) PROPERTY DAMAGE Mark the appropriate box if accident resulted in any damage of \$1000 or more to government property (including motor vehicles).
 - (3) VEHICLE INVOLVED Mark if accident involved a motor vehicle, regardless of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.
 - (4) DIVING ACTIVITY Mark if the accident involved an in-house USACE diving activity.

b. CONTRACTOR.

- (1) INJURY/ILLNESS/FATALITY Mark if accident resulted in any contractor lost-time injury/illness or fatality
- (2) PROPERTY DAMAGE Mark the appropriate box if accident resulted in any damage of \$1000 or more to contractor property (including motor vehicles).
- (3) VEHICLE INVOLVED Mark if accident involved a motor vehicle, regardless of whether "INJURY/ILLNESS/FATALITY" or "PROPERTY DAMAGE" are marked.
- (4) DIVING ACTIVITY Mark if the accident involved a USACE Contractor diving activity.

c. PUBLIC.

- (1) INJURY/ILLNESS/FATALITY Mark if accident resulted in public fatality or permanent total disability. (The "OTHER" box will be marked when requested by the FOA to report an unusual non-fatal public accident that could result in claims against the government or as otherwise directed by the FOA Commander).
- (2) VOID SPACE Make no entry.
- (3) VEHICLE INVOLVED Mark if accident resulted in a fatality to a member of the public and involved a motor vehicle, regardless of whether "INJURY/ILLNESS/FATALITY" is marked.
- (4) VOID SPACE Make no entry.

INSTRUCTIONS FOR SECTION 2-PERSONAL DATA

- a. NAME (MANDATORY FOR GOVERNMENT ACCIDENTS. OPTIONAL AT THE DISCRETION OF THE FOA COMMANDER FOR CONTRACTOR AND PUBLIC ACCIDENTS). Enter last name, first name, middle initial of person involved.
- b. AGE Enter age.
- c. SEX Mark appropriate box.
- d. SOCIAL SECURITY NUMBER (FOR GOVERNMENT PERSONNEL ONLY) Enter the social security number (or other personal identification number if no social security number issued).
- e. GRADE-(FOR GOVERNMENT PERSONNEL ONLY) Enter pay grade. Example: O-6; E-7; WG-8; WS-12; GS-11; etc.

- f. JOB SERIES/TITLE For government civilian employees enter the pay plan, full series number, and job title, e.g. GS-0810/Civil Engineer. For military personnel enter the primary military occupational specialty (PMOS), e.g., 15A30 or 11G50. For contractor employees enter the job title assigned to the injured person, e.g. carpenter, laborer, surveyor, etc.,
- g. DUTY STATUS Mark the appropriate box.
 - (1) ON DUTY Person was at duty station during duty hours or person was away from duty station during duty hours but on official business at time of the accident.
 - TDY Person was on official business, away from the duty station and with travel orders at time of accident. Line-of-duty investigation required.
 - OFF DUTY Person was not on official business at time of accident
- h. EMPLOYMENT STATUS (FOR GOVERNMENT PERSONNEL ONLY) Mark the most appropriate box. If "OTHER" is marked, specify the employment status of the person.

INSTRUCTION FOR SECTION 3—GENERAL INFORMATION

- a. DATE OF ACCIDENT Enter the month, day, and year of accident.
- TIME OF ACCIDENT Enter the local time of accident in military time. Example: 1430 hrs (not 2:30 p.m.).
- c. EXACT LOCATION OF ACCIDENT Enter facts needed to locate the accident scene. (installation/project name, building number, street, direction and distance from closest landmark, etc.,).
- d. CONTRACTOR NAME
 - (1) PRIME Enter the exact name (title of firm) of the prime contractor.
 - (2) SUBCONTRACTOR Enter the name of any subcontractor involved in the accident.
- e. CONTRACT NUMBER-Mark the appropriate box to identify if contract is civil works, military, or other: if "OTHER" is marked, specify contract appropriation on line provided. Enter complete contract number of prime contract, e.g., DACW 09-85-C-0100.
- f. TYPE OF CONTRACT Mark appropriate box. A/E means architect/engineer. If "OTHER" is marked, specify type of contract on line provided.
- g. HAZARDOUS/TOXIC WASTE ACTIVITY (HTW) Mark the box to identify the HTW activity being performed at the time of the accident. For Superfund, DERP, and Installation Restoration Program (IRP) HTW activities include accidents that occurred during inventory, predesign, design, and construction. For the purpose of accident reporting, DERP Formerly Used DoD Site (FUDS) activities and IRP activities will be treated separately. For Civil Works O&M HTW activities mark the "OTHER" box.

INSTRUCTIONS FOR SECTION 4—CONSTRUCTION **ACTIVITIES**

a. CONSTRUCTION ACTIVITY - Select the most appropriate construction activity being performed at time of accident from the list below. Enter the activity name and place the corresponding code number identified in the box.

CONSTRUCTION ACTIVITY LIST

- 1. MOBILIZATION
- 2. SITE PREPARATION
- 3. EXCAVATION/TRENCHING
- 4. GRADING (EARTHWORK)
- 5. PIPING/UTILITIES
- 6. FOUNDATION
- 7. FORMING
- 8. CONCRETE PLACEMENT
- 9. STEEL ERECTION
- 10. ROOFING
- 12. MASONRY 13. CARPENTRY
- 11. FRAMING

- 21. PAVING 22. FENCING
- 23. SIGNING
- 24. LANDSCAPING/IRRIGATION

18. EQUIPMENT/MAINTENANCE

20. WAREHOUSING/STORAGE

25. INSULATION

14. ELECTRICAL

16. MECHANICAL 17. PAINTING

19. TUNNELING

15. SCAFFOLDING/ACCESS

26. DEMOLITION

b. TYPE OF CONSTRUCT	ION FOL	IPMENT - Select the equipment		CN	NOSE
involved in the accident	from the I	ist below. Enter the name and		CR	
place the corresponding	code nun	nber identified in the box. If		CT	THROAT, OTHER TONGUE
equipment is not included	d below i	use code 24, "OTHER", and write		CZ	
in specific type of equipm	nent.	100 0000 E4, OTTIETT, and Write		CZ.	HEAD OTHER INTERNAL
oposine type of equipm			ELBOW	EB	BOTH ELBOWS
CONSTR	RUCTION	EQUIPMENT		ES	SINGLE ELBOW
			FINGER		FIRST FRIERD
1. GRADER		13. DUMP TRUCK (OFF HIGHWAY)	FINGER	F1	FIRST FINGER
2. DRAGLINE		14. TRUCK (OTHER)		F2	BOTH FIRST FINGERS
3. CRANE (ON VESSEL/BARO	•	15. FORKLIFT		F3	SECOND FINGER
4. CRANE (TRACKED)		16. BACKHOE	•	F4	BOTH SECOND FINGERS
5. CRANE (RUBBER TIRE)	1	17. FRONT-END LOADER		F5 ·	THIRD FINGER
6. CRANE (VEHICLE MOUNT		18. PILE DRIVER		F6	BOTH THIRD FINGERS
7. CRANE (TOWER)		19. TRACTOR (UTILITY)		F7	FOURTH FINGER
8 SHOVEL		20. MANLIFT		F8	BOTH FOURTH FINGERS
9. SCRAPER	_ 2	21. DOZER	TOE	G1	GREAT TOE
10. PUMP TRUCK (CONCRETE	E) 2	22. DRILL RIG		G2	BOTH GREAT TOES
11. TRUCK (CONCRETE/TRAN	ISIT 2	23. COMPACTOR/VIBRATORY		G3	TOE OTHER
MIXER)		ROLLER		G4	TOES OTHER
12. DUMP TRUCK (HIGHWAY)	2	24. OTHER		٠.	1020 OTTEN
MOTOLIATION			HEAD, EXTERNAL	H1	EYE EXTERNAL
	SECTION	ON 5—INJURY/ILLNESS		H2	BOTH EYES EXTERNAL
INFORMATION				нз	EAR EXTERNAL
O				H4	BOTH EARS EXTERNAL
a. SEVERITY OF INJURY	/ ILLNES	S - Reference para 2-10 of USACE		HC	CHIN
Suppl 1 to AR 385-40 ar	nd enter c	code and description from list below.		HF	FACE
•		The second of th		HK	NECK/THROAT
YRULMI ON IOM				HM	MOUTH/LIPS
FAT FATALITY				HN	NOSE
PTL PERMANENT TO	OTAL DIS	SABILITY		HS	SCALP
PPR PERMANENT PA	ARTIAL D	DISABILITY	VNEF	L/D	DOTH WIFEO
LWD LOST WORKDA	Y CASE	INVOLVING DAYS AWAY	KNEE	KB	BOTH KNEES
FROM WORK				KS	KNEE
NLW RECORDABLE	CASE WI	THOUT LOST WORKDAYS	LEG, HIP, ANKLE,	LB	BOTH LEGS/HIPS/
HEA RECORDABLE	FIRST A	ID CASE	BUTTOCK		ANKLES/BUTTOCKS
NRI NON-RECORDA	ABLE INJ	JURY		LS	SINGLE LEG/HIP
					ANKLE/BUTTOCK
b. ESTIMATED DAYS LOS	T Enter	the estimated number of			
workdays the person will	loce from	the estimated number of	HAND	MB	BOTH HANDS
Workdays the person will	1056 110111	i work.		MS	SINGLE HAND
C ESTIMATED DAVE HOS	DITAL 175	D - Enter the estimated number	FOOT		DOTH FEET
of workdays the person v	vill be bee	D—Enter the estimated number	F001	PB ·	BOTH FEET
or workdays the person v	**** DG 1105	prianzeu.		PS	SINGLE FOOT
d. ESTIMATED DAVE DES	TRICTED	DUTY - Enter the estimated	TRUNK, BONES	'R1	SINGLE COLLAR BONE
number of workdaye the	nareon or	s a result of the accident, will not	. ==	R2	BOTH COLLAR BONES
be able to perform all of	their recul	o a result of the accident, will not		R3	SHOULDER BLADE
be able to perform all or	inen regu	iai dulies.		R4	BOTH SHOULDER BLADES
e. BODY PART AFFECTED	_ Salact	the most appropriate primary	•	RB	RIB
and when applicable sec	ondan, h	ody part affected from the list		RS	STERNUM (BREAST BONE)
below. Enter body part na	ame on lir	ne and place the corresponding		RV	VERTEBRAE (SPINE; DISC)
code letters identifying th	at body n	art in the hov		RZ	TRUNK BONES OTHER
incre identifying th	a. Jouy p	an in the box.	0110111.050		
GENERAL BODY AREA	CODE	BODY PART NAME	SHOULDER	SB	BOTH SHOULDERS
				SS	SINGLE SHOULDER
ARM/WRIST	AB	ARM AND WRIST	THUMB	TB	BOTH THUMBS
	AS	ARM OR WRIST		TS	SINGLE THUMB
TRUNK, EXTERNAL	B1	SINGLE BREAST			ON GEE THOMAS
MUSCULATURE	B2	BOTH BREASTS	TRUNK, INTERNAL ORGANS	V1	LUNG, SINGLE
	В3	SINGLE TESTICLE		V2	LUNGS, BOTH
	84	BOTH TESTICLES		V3	KIDNEY, SINGLE

GENERAL BODY AREA	0005	505V 5455 11445	SHOULDER	SB	BOTH SHOULDERS
· · · · · · · · · · · · · · · ·	CODE	BODY PART NAME		SS	SINGLE SHOULDER
ARM/WRIST	AB AS	ARM AND WRIST ARM OR WRIST	THUMB	TB	BOTH THUMBS
TRUNK, EXTERNAL	B1	SINGLE BREAST		TS	SINGLE THUMB
MUSCULATURE	B2	BOTH BREASTS	TRUNK, INTERNAL ORGANS	V1	LUNG, SINGLE
	В3	SINGLE TESTICLE		V2	LUNGS, BOTH
	84	BOTH TESTICLES		V3	KIDNEY, SINGLE
	BA	ABDOMEN		V4	KIDNEYS, BOTH
	BC	CHEST		VH	HEART
	BL	LOWER BACK		VL	LIVER
	BP	PENIS		VR	REPRODUCTIVE ORGANS
	BS	SIDE		vs	STOMACH
	BU	UPPER BACK		VV	INTESTINES
	BW	WAIST		VZ	TRUNK, INTERNAL: OTHER
	BZ	TRUNK OTHER			, ,
HEAD, INTERNAL	C1	SINGLE EAR INTERNAL	f. NATURE OF INJURY/ILL of injury / illness from the I	NESS -	Select the most appropriate na . This nature of injury / illness
	C2	BOTH EARS INTERNAL	shall correspond to the pri	mary boo	by part selected in 5e, above.

SINGLE EYE INTERNAL BOTH EYES INTERNAL

THROAT, LARYNX MOUTH

BRAIN **CRANIAL BONES** TEETH JAW

C3 C4 CB CC CD CL CM

NATURE OF INJURY/ILLNESS - Select the most appropriate nature of injury / illness from the list below. This nature of injury / illness shall correspond to the primary body part selected in 5e, above. Enter the nature of injury / illness name on the line and place the corresponding CODE letters in the box provided.

* The injury or condition selected below must be caused by a specific incident or event which occurred during a single work day or shift.

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
*TRAUMATIC INJURY OR	TA	AMPUTATION
DISABILITY	TB	BACK STRAIN.
	TC	CONTUSION; BRUISE:
		ABRASION
	TD	DISLOCATION
	TF	FRACTURE
	TH	HERNIA
	TK	CONCUSSION
	TL	LACERATION, CUT
	TP	PUNCTURE
	TS	STRAIN, MULTIPLE
	ΤU	BURN, SCALD, SUNBURN
	ΤI	TRAUMATIC SKIN DISEASES/
		CONDITIONS
		INCLUDING DERMATITIS
	TR	TRAUMATIC RESPIRATORY
••		DISEASE
	TQ	TRAUMATIC FOOD POISONING
	TW	TRAUMATIC TUBERCULOSIS
	TX	TRAUMATIC VIROLOGICAL/
		INFECTIVE/PARASITIC DISEASE
	T1	TRAUMATIC CEREBRAL VASCULAR
		CONDITION/STROKE
	T2	TRAUMATIC HEARING LOSS
	Т3	TRAUMATIC HEART CONDITION
	T4	TRAUMATIC MENTAL DISORDER;
		STRESS; NERVOUS CONDITION
	T8	TRAUMATIC INJURY - OTHER
		(EXCEPT DISEASE, ILLNESS)

**A nontraumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposures to conditions of the work environment over a long period of time. For practical purposes, an occupational illness/disease or disability is any reported condition which doses not meet the definition

of traumatic injury or disability as described above.			
GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME	
"NON-TRAUMATIC ILLNESS/D	ISEASE	OR DISABILITY	
RESPIRATORY DISEASE	RA RB RE RP RS R9	ASBESTOSIS BRONCHITIS EMPHYSEMA PNEUMOCONIOSIS SILICOSIS RESPIRATORY DISEASE, OTHER	
VIROLOGICAL, INFECTIVE & PARASITIC DISEASES	VB VC VF VH VM VS VT V9	BRUCELLOSIS COCCIDIOMYCOSIS FOOD POISONING HEPATITIS MALARIA STAPHYLOCOCCUS TUBERCULOSIS VIROLOGICAL/INFECTIVE/ PARASITIC—OTHER	
DISABILITY, OCCUPATIONAL	DA DB DC DD DE DH DK DM DR	ARTHRITIS, BURSITIS BACK STRAIN, BACK SPRAIN CEREBRAL VASCULAR CONDITION; STROKE ENDEMIC DISEASE (OTHER THAN CODE TYPES R&S) EFFECT OF ENVIRONMENTAL CONDITION HEARING LOSS HEART CONDITION MENTAL DISORDER, EMOTIONAL STRESS NERVOUS CONDITION RADIATION	

DS

DU DV

D9

STRAIN, MULTIPLE

DISABILITY, OTHER

OTHER VASCULAR CONDITIONS

GENERAL NATURE CATEGORY	CODE	NATURE OF INJURY NAME
SKIN DISEASE	SB	BIOLOGICAL

OR CONDITION SC **CHEMICAL** S9 DERMATITIS, UNCLASSIFIED

- g. TYPE AND SOURCE OF INJURY/ILLNESS (CAUSE) Type and Source Codes are used to describe what caused the incident. The Type Code stands for an ACTION and the Source Code for an OBJECT or SUBSTANCE. Together, they form a brief description of how the incident occurred. Where there are two different sources, code the initiating source of the incident (see example 1, below). Examples:
- (1) An employee tripped on carpet and struck his head on a desk. TYPE: 210 (fell on same level) SOURCE: 0110 (walking/working surface)

NOTE: This example would NOT be coded 120 (struck against) and 0140 (furniture).

(2) A Park Ranger contracted dermatitis from contact with poison ivy/

TYPE: 510 (contact) SOURCE: 0920 (plant)

- (3) A lock and dam mechanic punctured his finger with a metal sliver while grinding a turbine blade. TYPE: 410 (punctured by) SOURCE: 0830 (metal)
- (4) An employee was driving a government vehicle when it was struck by another vehicle.. TYPE: 800 (traveling in) SOURCE: 0421 (government-owned

vehicle, as driver) NOTE: The Type Code 800, "Traveling In" is different from the other type codes in that its function is not to identify factors contributing to the injury or fatality, but rather to collect data on the type of vehicle the employee was operating or traveling in at

the time of the incident. Select the most appropriate TYPE and SOURCE identifier from the list below and enter the name on the line and the corresponding code in

the appropriate box.

0170

0180

CODE	TYPE OF INJURY NAME
	STRUCK
0110	STRUCK BY
0111	STRUCK BY FALLING OBJECT
0120	STRUCK AGAINST
0210 0220 0230	FELL, SLIPPED, TRIPPED FELL ON SAME LEVEL FELL ON DIFFERENT LEVEL SLIPPED, TRIPPED (NO FALL)
	CAUGHT
0310	CAUGHT ON
0320	CAUGHT IN
0330	CAUGHT BETWEEN
	PUNCTURED, LACERATED
0410	PUNCTURED BY
0420	CUT BY
0430	STUNG BY
0440	BITTEN BY
0510 0520	CONTACTED CONTACTED WITH (INJURED PERSON MOVING) CONTACTED BY (OBJECT WAS MOVING)
	EXERTED
0610	LIFTED, STRAINED BY (SINGLE ACTION)
0620	STRESSED BY (REPEATED ACTION)
0710 0720 0730 0740	EXPOSED INHALED INGESTED ABSORBED EXPOSED TO
0800	TRAVELING IN
CODE	SOURCE OF INJURY NAME
0100	BUILDING OR WORKING AREA
0110	WALKING/WORKING SURFACE (FLOOR, STREET, SIDEWALKS, ETC)
0120	STAIRS, STEPS
0130	LADDER
0140	FURNITURE, FURNISHINGS, OFFICE EQUIPMENT
0150	BOILER, PRESSURE VESSEL

EQUIPMENT LAYOUT (ERGONOMIC)

WINDOWS, DOORS

ELECTRICITY

CODE	SOURCE OF INJURY NAME
0200	ENVIRONMENTAL CONDITION
0210	TEMPERATURE EXTREME (INDOOR)
0220 0230	WEATHER (ICE, RAIN, HEAT, ETC.) FIRE, FLAME, SMOKE (NOT TOBACCO)
0230	NOISE
0250	RADIATION
0260	LIGHT
0270	VENTILATION
0271 0280	TOBACCO SMOKE
0280	STRESS (EMOTIONAL) CONFINED SPACE
0300	MACHINE OR TOOL
0310	HAND TOOL (POWERED: SAW, GRINDER, ETC.)
0320	HAND TOOL (NONPOWERED)
0330	MECHANICAL POWER TRANSMISSION APPARATUS
0340 0350	GUARD, SHIELD (FIXED, MOVEABLE, INTERLOCK)
0360	VIDEO DISPLAY TERMINAL PUMP, COMPRESSOR, AIR PRESSURE TOOL
0370	HEATING EQUIPMENT
0380	WELDING EQUIPMENT
0400	VEHICLE
0411	AS DRIVER OF PRIVATELY OWNED/RENTAL VEHICLE
0412 0421	AS PASSENGER OF PRIVATELY OWNED/RENTAL VEHICLE DRIVER OF GOVERNMENT VEHICLE
0422	PASSENGER OF GOVERNMENT VEHICLE
0430	COMMON CARRIER (AIRLINE, BUS, ETC.)
0440	AIRCRAFT (NOT COMMERCIAL)
0450	BOAT, SHIP, BARGE
0500	MATERIAL HANDLING EQUIPMENT
0510 0520	EARTHMOVER (TRACTOR, BACKHOE, ETC.)
0530	CONVEYOR (FOR MATERIAL AND EQUIPMENT) ELEVATOR, ESCALATOR, PERSONNEL HOIST
0540	HOIST, SLING CHAIN, JACK
0550	CRANE
0551	FORKLIFT
0560	HANDTRUCK, DOLLY
0600 0610	DUST, VAPOR, ETC. DUST (SILICA, COAL, ETC.)
0620	FIBERS
0621	ASBESTOS
0630	GASES
0631 0640	CARBON MONOXIDE
0641	MIST, STEAM, VAPOR, FUME WELDING FUMES
0650	PARTICLES (UNIDENTIFIED)
0700	CHEMICAL, PLASTIC, ETC.
0711	DRY CHEMICAL—CORROSIVE
0712 0713	DRY CHEMICAL TOXIC
0713	. DRY CHEMICAL—EXPLOSIVE DRY CHEMICAL—FLAMMABLE
0721	LIQUID CHEMICAL—CORROSIVE
0722	LIQUID CHEMICAL—TOXIC
0723 0724	LIQUID CHEMICAL—EXPLOSIVE LIQUID CHEMICAL—FLAMMABLE
0730	PLASTIC
0740	WATER
0750	MEDICINE
0800	INANIMATE OBJECT
0810 0820	BOX, BARREL, ETC.
0830	PAPER METAL ITEM, MINERAL
0831	NEEDLE
0840	GLASS
0850	SCRAP, TRASH
0860 0870	WOOD FOOD
0880	CLOTHING, APPAREL, SHOES
0900	ANIMATE OBJECT
0911	DOG
0912	OTHER ANIMAL
0920 0930	PLANT
0940	HUMAN (VIOLENCE)
0950	HUMAN (COMMUNICABLE DISEASE)
0960	BACTERIA, VIRUS (NOT HUMAN CONTACT)

CODE	SOURCE OF INJURY NAME
1000	PERSONAL PROTECTIVE EQUIPMENT
1010	PROTECTIVE CLOTHING, SHOES, GLASSES, GOGGLES
1020	RESPIRATOR, MASK
1021	DIVING EQUIPMENT
1030	SAFETY BELT, HARNESS
1040	PARACHUTE
	•

INSTRUCTIONS FOR SECTION 6 — PUBLIC **FATALITY**

a. ACTIVITY AT TIME OF ACCIDENT - Select the activity being performed at the time of the accident from the list below. Enter the activity name on the line and the corresponding number in the box. If the activity performed is not identified on the list, select from the most appropriate primary activity area (water related, non-water related or other activity), the code number for "Other", and write in the activity being performed at the time of the accident.

WATER RELATED RECREATION

1. Sailing	Swimming/designated area
Boating—powered	10. Swimming/other area
Boating—unpowered	Underwater activities (skin diving,
Water skiing	scuba, etc.)
5. Fishing from boat	12. Wading
6. Fishing from bank dock or pier	13. Attempted rescue
7. Fishing while wading	14. Hunting from boat
8. Swimming/supervised area	15. Other
T	

NON-WATER RELATED RECREATION

16.	Hiking and walking	23.	Sports/summer (baseball, footba
17.	Climbing (general)		etc.)
18.	Camping/picnicking authorized area	24.	Sports/winter (skiing, sledding, snowmobiling etc.)
19.	Camping/picnicking unauthorized	25.	Cycling (bicycle, motorcycle,
	area		scooter)
20.	Guided tours	26.	Gliding
21.	Hunting	27.	Parachuting
22.	Playground equipment	28.	Other non-water related
	OTHER A	CTIV	ITIEC

OTHE	R ACTIVITIES
29. Unlawful acts (fights, riots,	33. Sleeping
vandalism, etc.)	Pedestrian struck by vehicle
30. Food preparation/serving	35. Pedestrian other acts
31. Food consumption	36. Suicide
32. Housekeeping	37. "Other" activities

b. PERSONAL FLOTATION DEVICE USED - If fatality was waterrelated was the victim wearing a person flotation device? Mark the appropriate box.

INSTRUCTIONS FOR SECTION 7 - MOTOR VEHICLE ACCIDENT

- a. TYPE OF VEHICLE Mark appropriate box for each vehicle involved. If more than one vehicle of the same type is involved, mark both halves of the appropriate box. USACE vehicle(s) involved shall be marked in left half of appropriate box.
- b. TYPE OF COLLISION Mark appropriate box.
- c. SEAT BELT-Mark appropriate box.

INSTRUCTIONS FOR SECTION 8 - PROPERTY/ MATERIAL INVOLVED

- a. NAME OF ITEM Describe all property involved in accident. Property/material involved means material which is damaged or whose use or misuse contributed to the accident. Include the name, type, model; also include the National Stock Number (NSN) whenever applicable.
- b. OWNERSHIP -- Enter ownership for each item listed. (Enter one of the following: USACE; OTHER GOVERNMENT; CONTRACTOR: PRIVATE)
- c. \$ AMOUNT OF DAMAGE Enter the total estimated dollar amount of damage (parts and labor), if any.

INSTRUCTIONS FOR SECTION 9 -- VESSEL/ FLOATING PLANT ACCIDENT

a. TYPE OF VESSEL/FLOATING PLANT - Select the most appropriate vessel/floating plant from list below. Enter name and place corresponding number in box. If item is not listed below, enter item number for "OTHER" and write in specific type of vessel/ floating plant.

VESSEL/FLOATING PLANTS

1. ROW BOAT

7. DREDGE/DIPPER

2. SAIL BOAT

8. DREDGE/CLAMSHELL, BUCKET

3. MOTOR BOAT

9. DREDGE/PIPE LINE

4. BARGE

10. DREDGE/DUST PAN

5. DREDGE/HOPPER

11. TUG BOAT

6. DREDGE/SIDE CASTING

12. OTHER

b. COLLISION/MISHAP - Select from the list below the object(s) that contributed to the accident or were damaged in the accident.

COLLISION/MISHAP

1. COLLISION W/OTHER VESSEL

7. HAULAGE UNIT

2. UPPER GUIDE WALL

8. BREAKING TOW

3. UPPER LOCK GATES

9. TOW BREAKING UP

4. LOCK WALL

10. SWEPT DOWN ON DAM

5. LOWER LOCK GATES

11. BUOY/DOLPHIN/CELL

6. LOWER GUIDE WALL

12. WHARF OR DOCK

13. OTHER

INSTRUCTIONS FOR SECTION 10 - ACCIDENT DESCRIPTION

DESCRIBE ACCIDENT - Fully describe the accident. Give the sequence of events that describe what happened leading up to and including the accident. Fully identify personnel and equipment involved and their role(s) in the accident. Ensure that relationships between personnel and equipment are clearly specified. Continue on blank sheets if necessary and attach to this report.

INSTRUCTIONS FOR SECTION 11—CAUSAL **FACTORS**

- a. Review thoroughly. Answer each question by marking the appropriate block. If any answer is yes, explain in item 13 below. Consider, as a minimum, the following:
 - (1) DESIGN-Did inadequacies associated with the building or work site play a role? Would an improved design or layout of the equipment or facilities reduce the likelihood of similar accidents? Were the tools or other equipment designed and intended for the task at hand?
 - (2) INSPECTION/MAINTENANCE Did inadequately or improperly maintained equipment, tools, workplace, etc. create or worsen any hazards that contributed to the accident? Would better equipment, facility, work site or work activity inspections have helped avoid the accident?
 - (3) PERSON'S PHYSICAL CONDITION Do you feel that the accident would probably not have occurred if the employee was in "good" physical condition? If the person involved in the accident had been in better physical condition, would the accident have been less severe or avoided altogether? Was over exertion a factor?
 - (4) OPERATING PROCEDURES Did a lack of or inadequacy within established operating procedures contribute to the accident? Did any aspect of the procedures introduce any hazard to, or increase the risk associated with the work process? Would establishment or improvement of operating procedures reduce the likelihood of similar accidents?
 - (5) JOB PRACTICES Were any of the provisions of the Safety and Health Requirements Manual (EM 385-1-1) violated? Was the task being accomplished in a manner which was not in compliance with an established job hazard analysis or activity hazard analysis? Did any established job practice (including EM 385-1-1) fail to adequately address the task or work process? Would better job practices improve the safety of the

- (6) HUMAN FACTORS Was the person under undue stress (either internal or external to the job)? Did the task tend toward overloading the capabilities of the person; i.e., did the job require tracking and reacting to many external inputs such as displays, alarms, or signals? Did the arrangement of the workplace tend to interfere with efficient task performance? Did the task require reach, strength, endurance, agility, etc., at or beyond the capabilities of the employee? Was the work environment ill-adapted to the person? Did the person need more training, experience, or practice in doing the task? Was the person inadequately rested to perform safely?
- (7) ENVIRONMENTAL FACTORS Did any factors such as moisture, humidity, rain, snow, sleet, hail, ice, fog, cold, heat, sun, temperature changes, wind, tides, floods, currents, dust, mud, glare, pressure changes, lightning, etc., play a part in the accident?
- (8) CHEMICAL AND PHYSICAL AGENT FACTORS Did exposure to chemical agents (either single shift exposure or long-term exposure) such as dusts, fibers (asbestos, etc.), silica, gases (carbon monoxide, chlorine, etc.,), mists, steam, vapors, fumes, smoke, other particulates, liquid or dry chemicals that are corrosive, toxic, explosive or flammable, byproducts of combustion or physical agents such as noise, ionizing radiation, non-ionizing radiation (UV radiation created during welding, etc.) contribute to the accident/incident?
- (9) OFFICE FACTORS Did the fact that the accident occurred in an office setting or to an office worker have a bearing on its cause? For example, office workers tend to have less experience and training in performing tasks such as lifting office furniture. Did physical hazards within the office environment contribute to the hazard?
- (10) SUPPORT FACTORS Was the person using an improper tool for the job? Was inadequate time available or utilized to safely accomplish the task? Were less than adequate personnel resources (in terms of employee skills, number of workers, and adequate supervision) available to get the job done properly? Was funding available, utilized, and adequate to provide proper tools, equipment, personnel, site preparation. etc?
- (11) PERSONAL PROTECTIVE EQUIPMENT Did the person fail to use appropriate personal protective equipment (gloves, eye protection, hard-toed shoes, respirator, etc.) for the task or environment? Did protective equipment provided or worn fail to provide adequate protection from the hazard(s)? Did lack of or inadequate maintenance of protective gear contribute to the accident?
- (12) DRUGS/ALCOHOL is there any reason to believe the person's mental or physical capabilities, judgement, etc., were impaired or altered by the use of drugs or alcohol? Consider the effects of prescription medicine and over the counter medications as well as illicit drug use. Consider the effect of drug or alcohol induced "hangovers".
- b. WRITTEN JOB/ACTIVITY HAZARD ANALYSIS Was a written Job/Activity Hazard Analysis completed for the task being performed at the time of the accident? Mark the appropriate box. If one was performed, attach a copy of the analysis to the report.

INSTRUCTIONS FOR SECTION 12-TRAINING

- a. WAS PERSON TRAINED TO PERFORM ACTIVITY/TASK? For the purpose of this section "trained" means the person has been provided the necessary information (either formal and/or on-the-job (OJT) training) to competently perform the activity/task in a safe and healthful manner.
- b. TYPE OF TRAINING Mark the appropriate box that best indicates the type of training; (classroom or on-the-job) that the injured person received before the accident happened.
- c. DATE OF MOST RECENT TRAINING Enter the month, day, and year of the last formal training completed that covered the activitytask being performed at the time of the accident.

INSTRUCTIONS FOR SECTION 13 - CAUSES

- a. DIRECT CAUSES The direct cause is that single factor which most directly lead to the accident. See examples below.
- b. INDIRECT CAUSES Indirect causes are those factors which contributed to but did not directly initiate the occurrence of the accident.

Examples for section 13:

- a. Employee was dismantling scaffold and fell 12 feet from unguarded Direct cause: failure to provide fall protection at elevation. Indirect causes: failure to enforce USACE safety requirements; was not knowledgeable of USACE fall protection requirements or
 - improper training/motivation of employee (possibility that employee was lax in his attitude towards safety); failure to ensure provision of positive fall protection whenever elevated; failure to address fall protection during scaffold dismantling in phase hazard analysis.
- b. Private citizen had stopped his vehicle at intersection for red light when vehicle was struck in rear by USACE vehicle. (note USACE vehicle was in proper/safe working condition). Direct cause: failure of USACE driver to maintain control of and stop USACE vehicle within safe distance. Indirect cause: Failure of employee to pay attention to driving (defensive driving).

INSTRUCTIONS FOR SECTION 14 - ACTION TO ELIMINATE CAUŜE(S)

DESCRIPTION - Fully describe all the actions taken, anticipated, and recommended to eliminate the cause(s) and prevent reoccurrence of similar accidents/illnesses. Continue on blank sheets of paper if necessary to fully explain and attach to the completed report form.

INSTRUCTIONS FOR SECTION 15 - DATES FOR ACTION

- a. BEGIN DATE Enter the date when the corrective action(s) identified in Section 14 will begin.
- b. COMPLETE DATE Enter the date when the corrective action(s) identified in Section 14 will be completed.
- c. TITLE AND SIGNATURE Enter the title and signature of supervisor completing the accident report. For a GOVERNMENT employee accident/illness the immediate supervisor will complete and sign the report. For PUBLIC accidents the USACE Project Manager/Area Engineer responsible for the USACE property where the accident happened shall complete and sign the report. For CONTRACTOR accidents the Contractor's project manager shall complete and sign the report and provide to the USACE supervisor responsible for oversight of that contractor activity. This USACE Supervisor shall also sign the report. Upon entering the information required in 15.d, 15.e and 15.f below, the responsible USACE supervisor shall forward the report for management review as indicated in Section 16.
- d. DATE SIGNED Enter the month, day, and year that the report was signed by the responsible supervisor.
- e. ORGANIZATION NAME For GOVERNMENT employee accidents enter the USACE organization name (Division, Branch, Section, etc.) of the injured employee. For PUBLIC accidents enter the USACE organization name for the person identified in block 15.c. For CONTRACTOR accidents enter the USACE organization name for the USACE office responsible for providing contract administration oversight.

f. OFFICE SYMBOL - Enter the latest complete USACE Office Symbol for the USACE organization identified in block 15.e.

INSTRUCTIONS FOR SECTION 16 - MANAGEMENT REVIEW (1st)

1ST REVIEW -- Each USACE FOA shall determine who will provide 1st management review. The responsible USACE supervisor in section 15.c shall forward the completed report to the USACE office designated as the 1st Reviewer by the FOA. Upon receipt, the Chief of the Office shall review the completed report, mark the appropriate box, provide substantive comments, sign, date, and forward to the FOA Staff Chief (2nd review) for review and comment.

INSTRUCTIONS FOR SECTION 17 - MANAGEMENT REVIEW (2nd)

2ND REVIEW -- The FOA Staff Chief (i.e., FOA Chief of Construction, Operations, Engineering, Planning, etc.) shall mark the appropriate box, review the completed report, provide substantive comments, sign. date, and return to the FOA Safety and Occupational Health Office.

INSTRUCTIONS FOR SECTION 18 – SAFETY AND OCCUPATIONAL HEALTH REVIEW

3RD REVIEW - The FOA Safety and Occupational Health Office shall review the completed report, mark the appropriate box, ensure that any inadequacies, discrepancies, etc, are rectified by the responsible supervisor and management reviewers, provide substantive comments, sign, date and forward to the FOA Commander for review, comment, and signature.

INSTRUCTION FOR SECTION 19 - COMMAND APPROVAL

4TH REVIEW - The FOA Commander shall (to include the person designated Acting Commander in his absence) review the completed report, comment if required, sign, date, and forward the report to the FOA Safety and Occupational Health Office. Signature authority shall not be delegated.



Heat Stress Monitoring Log

Page of	
Date:	
Day:	

Weather Conditions:				
Temperature degrees F.	Min:		Max:	Average:
Location of Work:				
Name		Time	Pulse Rate (Beats per Minute)	Weight
Comments:				
Site Safety Officer:		Sr. UXO Supervisor/PM:		

Ellis Environmental Group, L.C.

414 S.W. 140th Terrace, Newberry FL 32669 ■ 352-332-3888 ■ Fax: 352-332-3222

Hepatitis B Vaccine Declination

I understand that due to my occupation exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis vaccine, at no charge to myself; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

This requirement is in accordance with OSHA Regulations (Standards – 29 CFR)

- Standard Number: 1910.1030 App A
- **Standard Title:** hepatitis B Vaccine Declination (Mandatory)
- SubPart Number: Z
- **SubPart Title:** Toxic and Hazardous Substances

(Print Name)	
(Sign Name)	
(Date)	
(Training Officer's Signature)	



Safety Inspection Checklist

Page of
Date:
Day:

Weather Conditions:						
Type of Inspection (check):	Daily:	Weekly:	Special: Re		Reinspection:	
Location Inspected:						
Activity inspected:						
Inspection Requirement	Satisfactory		Unsatisfactory	1	N/A	
Surface Sweep						
Subsurface Sweep						
Excavation Technique						
Personal Protection Equipmen	ıt					
Work Practices						
Site Control						
First Aid Equipment						
Fire Fighting Equipment						
Explosive Transportation						
Explosive Storage						
Disposal Operations						
Overall Inspection Results						
Comments:						
Worked stopped due to safety violations: YesNo						
Personnel Involved:						
Corrective Measures:						
Reinspection required: Yes No						
Signatures: I acknowledge that I have been briefed on the results of this inspection and will take corrective actions (If required)						
Site Safety Officer:			Sr. UXO Supe	ervisor/PM:		

TAILGATE SAFETY BRIEFING / TRAINING FORM

Project Name: Culebra NTC Removal Action		Project No.:	Date:	Time:		
Site H&S Officer:	Signature:					
Site Location: Culebra, PR		Type of Work: MEC Removal Action				
Tasks or Training:						
Protective Clothing/Equipment						
Chemical Hazards						
Physical / Biological Hazards						
Emergency Procedures						
Hospital/Directions						
Equipment Operation						
Explosive Hazards						
Permits/Utility Notifications						
Notes:	_					
	<u>AT</u>	<u>ENDEES</u>				
Print Name	Signature	Print Name	Signati	ure		
		_				
		_				
		_				
		_				
		+				
		+				



Visitor Log

Page	of

Date	Name	Title	Company	Safety Briefing Y/N	US Citizen Y/N	Tii In	me Out	Remarks



Wet Bulb Globe Temperature Log

Page _____ of _____ Date: _____ Day: _____

Permissible WBGT Heat Exposure Threshold Limit Values					
Work / Rest Regimen	Work Load				
(each hour)	Light	Moderate	Heavy		
Continuous Work	86°F	80°F	77°F		
75% Work, 25% Rest	87°F	82°F	78°F		
50% Work, 50% Rest	89°F	85°F	82°F		
25% Work, 75% Rest	90°F	88°F	86°F		

Date	Time	Dry Bulb Temp	WBGT Temp	Recommended Work / Rest Regimen (per hour) Work / Rest
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1